



SANDRA SHEWRY
Director

State of California-Health and Human Services Agency
Department of Health Services



ARNOLD SCHWARZENEGGER
Governor

March 1, 2005

Notice to Prospective Proposers
ADDENDUM 2
Request for Proposal 05-45365
Newborn Hearing Screening Program

Addendum 2 is hereby issued against Request for Proposal (RFP) 05-45365. Please note the changes outlined below and replace all revised pages within the original RFP and its respective attachments and exhibits. All changes are noted in strike-out, bold, and underline.

RFP BODY

Page 9 reflects an increase in funding for Year 1, FY 2005-06, in the amount of \$25,000 per geographic service area. Also reflected is the total maximum allowable contract award in the amount of \$1,487,200 per geographic service [Ref. RFP Provision 2, f].

Page 20 adds additional language to Take Over Plan requiring all proposers to configure their proposals to effectively initiate/continue the infant tracking and monitoring work immediately after contract award. This includes the use of the additional funds, via Addendum 2, to ensure proposers can proceed effectively without disruption (e.g., purchase updated computer equipment, obtain subcontract IT assistance to help with data management challenges). Text is continued on Page 21A. [Ref. Exhibit A, Provision J, 3, e].

Thank you for your interest in DHS' service needs.

Sincerely,

ORIGINAL SIGNED BY V. DAVID BANDA

V. David Banda, Chief
Program Development Unit
Program Standards and Quality Assurance Section
Children's Medical Services Branch

Attachments

- c. Hearing loss is a CCS-eligible medical condition, and infants at risk of hearing loss or exhibiting signs and symptoms of hearing difficulty are eligible for diagnostic testing. If a hearing loss, as defined by CCS program medical eligibility regulations, is identified, an infant is eligible for ongoing evaluation and treatment services if the family meets CCS financial and residential eligibility requirements.
- d. Undiagnosed hearing loss in infants may permanently impair a child's ability to communicate and to perform in school, employment and other areas of life. Early detection of hearing loss and institution of intervention and follow up services before six months of age have been demonstrated to be highly effective in facilitating the development of a child's health, communication and cognitive skills. In addition to improving the life of a child with hearing loss, early detection and intervention will produce long term savings as a result of improved integration and performance in school and society.
- e. There are over 500,000 births per year in California. Approximately 400,000 of these births are delivered in CCS-approved hospitals. All families of infants delivered in CCS-approved hospitals will be offered the opportunity to have their newborn's hearing tested. It is anticipated that there will be an estimated 1,000 infants born each year with significant hearing loss that will be identified and linked into ongoing services.
- f. Contract awards for FY 2005-06 will be limited to no more than \$487~~512~~,400.00 per year from the commencement date of each contract for each Geographic Service Area. Funding for the subsequent years is anticipated to be limited to a maximum of \$487,400 for each Geographic Service Area. **The maximum allowable budget for the entire contract term shall not exceed \$1,487,200 per geographic service area.**

B. Time Schedule

Below is the tentative time schedule for this procurement:

Event	Date	Time (If applicable)
RFP Released	January 28, 2005	
Questions Due	February 14, 2005	4:00 p.m.
Voluntary Pre-Proposal Teleconference	February 15, 2005	10:00 a.m.
Mandatory Letter of Intent	March 8, 2005	4:00 p.m.
Proposal Due Date	April 18, 2005	4.00 p.m.
Notice of Intent to Award Posted	April 29, 2005	
Protest Deadline	May 6, 2005	5:00 p.m.
Contract Award Date	May 9, 2005	
Proposed Start Date of Agreement	July 1, 2005	

- i. Indicate who will have primary responsibility for performing each major task, activity, or function. If known, identify the name and position title of all key personnel, subcontractors and/or consultants that will perform the work.

If the responsible party is unknown or not yet identified, identify a staff position title or project name/title and indicate "TBD" which is the abbreviation for "to be determined."

- ii. Include a performance time line for each major task/activity or function. Indicate the approximate beginning and ending month and year. If a task/activity or function will only occur in one fiscal period or year, indicate the beginning and ending month and year.

If desirable, in addition to start and end dates, you may use other terms such as start-up, on-going, continuous, take-over, turnover, etc. to describe the performance time line. In doing so, you must define the meaning of each unique term that you use.

- iii. Explain/describe how you intend to measure or prove successful completion of each major task, function, or activity.

If applicable, identify the key events or outcomes that will signify completion or identify tangible items (deliverables) that will result at the conclusion of the various tasks/activities or functions.

a) Take Over Plan

Describe an initial overall plan and/or approach for coordinating the take-over of existing activities from the current contractor. Address any foreseeable transition complications and potential methods for dealing with or resolving transition complications to minimize the disruption of existing services. Proposers must submit a finalized take-over plan to the State for approval within 30 days after the contract start date.

- 1) In anticipation of the continuous infant tracking and monitoring workflow, Contractor(s) shall configure their proposal including the HCC budget, staffing, equipment and other resources to permit the timely and effective initiation of work after the contract start date to minimize the risk of infant loss to follow up.**
- 2) Unless the Contractor was engaged under contract with DHS as a Hearing Coordination Center through June 30, 2005, Contractor(s) shall develop and submit to DHS within thirty (30) days of the contract start date a take over plan that addresses all scope of work activities specified above that provides for the timely and effective transition of all HCC activities from a previous contractor or, if applicable, from DHS.**
- 3) The take over plan shall provide for the complete transition of all infant tracking and monitoring activities specified in the Hearing Coordination Center Tracking and Monitoring Procedures Manual (Appendix 10) within sixty (60) days of the contract start date and all other scope of work activities within ninety (90) days of the contract start date.**

4) Contractor shall report any anticipated transition/implementation delay to DHS within two (2) working days of the identification of the delay.

a. Management Plan Section

- 1) Describe how you will effectively coordinate, manage and monitor the efforts of the assigned staff, including subcontractors and/or consultants, if any, to ensure that all tasks, activities, and functions are completed effectively and in a timely manner.
- 2) Describe the fiscal accounting processes and budgetary controls you will use to ensure the responsible use and management of contract funds and accurate invoicing. Include at a minimum, a brief description of all of the following:
 - a) How the costs incurred under this project will be appropriately accounted for and only applicable project expenses will be billed to DHS (e.g., use of unique account/project codes, etc.).
 - b) Your fiscal reporting and monitoring capabilities (e.g., spreadsheets, automated fiscal reports, quality controls, checks and balances, etc.) to ensure contract funds are managed responsibly.